

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 13 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Johnson
 Township Warrensburg
 City Warrensburg (No.)

Registration District No. 431
 Primary Registration District No. 3023

File No. 25200
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Simmons Blackburn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-20-1848
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 9 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co. Ky

13. NAME Adam Carpenter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Polly Anna Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs. George Fabelkner
Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sunset Hill DATE July 19 1934

19. UNDERTAKER (ADDRESS) Sweeney & Phillips
Warrensburg, Mo.

20. FILED July 19 1934 Earl Gentry
 Registrar

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1934

22. I HEREBY CERTIFY, That I attended deceased from June 19 1934 to July 17 1934
 last saw her alive on July 17 1934. Death is said

to have occurred on the date stated above, at 10:45 PM.
 The principal cause of death and related causes of importance were as follows:

Sing's Gangrene of
foot & leg
92 hr
98 hr
102 hr
2 A

Other contributory causes of importance:
Heart insufficiency
and emphysema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. J. L. Bell, M. D.

(Address) Warrensburg, Mo

